

WAIVER OF RIGHTS TO CONFIDENTIALITY FOR SIBLINGS**Distribution Instructions:**

Original: Agency/Department

Copy: Person Signing

PLEASE NOTE:

1. Please complete both sides of this form.
2. **This form must be witnessed by a representative of the California Department of Social Services (CDSS) or a California adoption agency licensed by CDSS, or notarized by a Notary Public.*** If the signing of this form is witnessed by a CDSS or adoption agency representative, photo identification of the person signing must be obtained and noted on this form. **THIS FORM WILL BE RETURNED TO YOU IF IT IS NOT WITNESSED OR NOTARIZED.**
3. If you are a non-adopted adult sibling, please attach a copy of your birth certificate.

DESIGNATE ONE:

- I am the ☐ Adult Adoptee
(age 21 or older)
- ☐ Adult Sibling
(age 21 or older)

PART A. To be completed by person signing consent☐ **ADULT ADOPTEE:**

By signing this form, I voluntarily and knowingly waive my rights to the confidentiality of personal information known or contained in the files of CDSS or the licensed adoption agency and give my consent to CDSS or the licensed adoption agency to disclose my name and address to my adult sibling so he/she may contact me.

☐ **ADULT SIBLING:**

By signing this form, I voluntarily and knowingly waive my rights to the confidentiality of personal information known or contained in the files of CDSS or the licensed adoption agency and give my consent to CDSS or the licensed adoption agency to disclose my name and address to my adopted sibling so that he/she may contact me.

I understand that the CDSS does not provide search services to locate adult adoptees or adult siblings and that each party must contact CDSS or the licensed adoption agency to request a Waiver of Rights to Confidentiality for Siblings (AD 904A) form.

I realize that both of the designated persons must sign a Waiver before CDSS or the licensed adoption agency may disclose identifying information and that signing this Waiver does not necessarily ensure that a contact will be made. I understand that the law prohibits CDSS or the licensed adoption agency from soliciting, directly or indirectly, the execution of such a Waiver. The sibling must also comply with all other provisions of Family Code Section 9205.

I certify that to the best of my knowledge, I am an adoptee or sibling of an adoptee. I understand that I should keep CDSS or the licensed adoption agency informed of my current name and address.

I understand I have the right to rescind this waiver at any time by notifying CDSS or the licensed adoption agency in writing.

NAME (PLEASE PRINT)

OTHER NAME(S) BY WHICH I HAVE BEEN KNOWN

STREET ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

()

SIGNATURE

DATE

PART B. To be completed by a representative of CDSS or CA adoption agency. If Part B or C is completed, do not complete Part D.

SIGNATURE OF CDSS/ADOPTION AGENCY REPRESENTATIVE

DATE

TELEPHONE NUMBER

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AGENCY/DEPARTMENT NAME

ADDRESS

IDENTIFICATION OF ADULT ADOPTEE OR ADULT SIBLING (SPECIFY, I.E., DRIVER'S LICENSE, PASSPORT, ETC.)

PART C. ☐ Check if applicable. Notarized signature has been previously submitted to CDSS.**PART D. To be completed by a Notary Public ONLY if Part B or C is not completed.**

State of _____)

County of _____)

County of _____)

On _____ before me, _____, a Notary Public,

personally appeared _____, personally known to me (or proved to me on the basis of

NAME OF ADULT ADOPTEE/ADOPTTEE'S SIBLING)

satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

(Seal)

Signature

***Definition of Notary Public:** A Notary Public is a public officer authorized by law to certify documents and to confirm your identity. Notaries may be located at most banks and credit unions or listed in the yellow pages of your local phone directory.

PART E: Additional information needed regarding your adoption.

In order to locate the correct adoption file, please assist us by completing the information below. If you do not know this information, please write unknown.

Adoptee's name, birth date, city and state of birth

All names used by the birth mother (include middle and maiden names) and name of birth father.

Full names of both adoptive parents

What Happens to the Waiver?

The waiver may be sent directly to the adoption agency which handled the adoption, if known, or to the Department's Central Office: California Department of Social Services, Adoptions Support Unit, 744 P Street, M.S. 3-31, Sacramento, CA 95814. If the adoption was an independent (private) adoption, the waiver will be acknowledged and placed in the adoption file. If the adoption was an agency adoption, the waiver will be returned to you with the name and address of the correct agency so you may send it directly to that agency. A copy will be kept in the Department's adoption file.

Please Note: (Complete Parts F, G, and H below, as appropriate)

Family Code Section 9205 requires that the agency shall not disclose the name and address of the adoptee or the existence of a waiver filed by the adoptee to a sibling who remained in the custody and control of the sibling's and adoptee's birth parents until age 18 unless consent for such disclosure is obtained from the birth parents. If the sibling remained in the custody and control of only one birth parent of the adoptee and sibling, only that birth parent's signature is necessary.

PART F. Birth parent(s)' consent - May be witnessed by a representative of CDSS/Adoption Agency or Notary Public.

I/We, the birth parent(s) of the adoptee and sibling hereby consent to the disclosure of the adoptee's name and address to his/her sibling.

Signature(s) of Birth Parent(s)	Date
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TO BE COMPLETED BY A REPRESENTATIVE OF CDSS OR CA ADOPTION AGENCY

Signature of CDSS/Adoption Agency Representative	Date	Telephone Number ()
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Agency/Department Name	Address
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Identification of Birth Parent(s) (Specify, i.e. Driver's License, Passport, Etc.)

TO BE COMPLETED BY A NOTARY PUBLIC ONLY IF NOT COMPLETED BY A REPRESENTATIVE OF CDSS OR CA ADOPTION AGENCY

State of _____)

County of _____)

County of _____)

On _____ before me, _____, a Notary Public,
personally appeared _____ personally known to me (or proved to me on the basis of

_____ Name of Birth Parent(s)
satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

_____ (Seal)

Signature

Part G. Affidavit of Sibling to be signed if Part F not completed

I hereby declare under penalty of perjury that I did not remain under the custody and control of my and my adopted sibling's birth parents or parent until age 18.

Signature of Sibling	Date	Signature of CDSS/Agency Representative/Notary	Date
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Part H. To be used when one or more birth parents are deceased

I hereby declare that I am the sibling of the adoptee and that my and the adoptee's birth parent or parents are no longer living. Proof of the death of the parent/parents has been submitted in the form of ☐ death certificate ☐ newspaper clipping

☐ other (describe) _____

Signature of Sibling	Date	Signature of CDSS/Agency Representative/Notary	Date
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